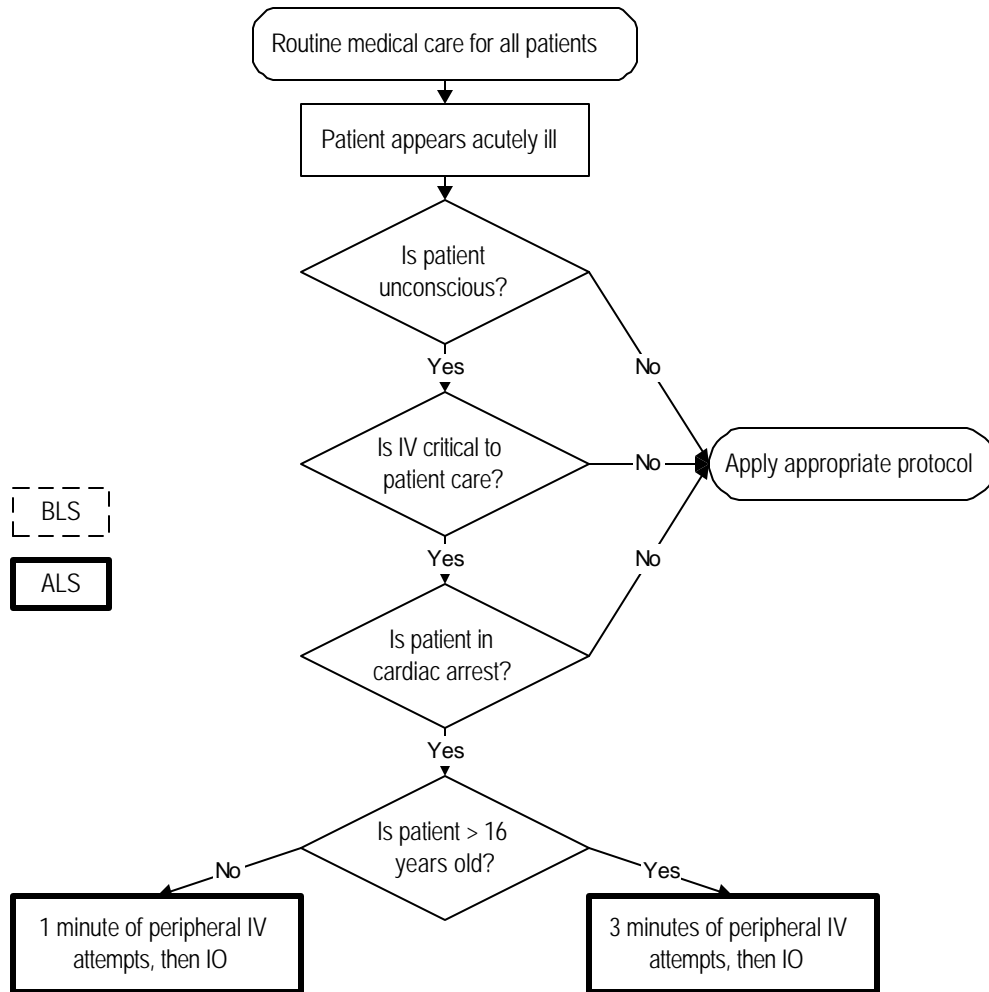


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Revision: 6

**MILWAUKEE COUNTY EMS  
MEDICAL PROTOCOL  
INTRAOSSEOUS INFUSION**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
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**Notes:**

- An intraosseous line may be established in the cardiopulmonary arrest victim in whom an intravenous line cannot be initiated.
- Inability to locate an appropriate vein site in the pediatric patient is equivalent to an attempt. It is not necessary to actually penetrate the skin with a needle *for this protocol only*. Attempts should be made to establish a peripheral IV in the adult patient.
- Consider using the endotracheal tube for medications approved for that route of administration.
- Contraindications to the use of the intraosseous route are major extremity trauma (fractured femur/tibia or evidence of internal/external thigh hemorrhage), and area of infection over the proposed insertion site (infected skin, abscess, etc.).
- Intravenous solutions being administered in situations of extremely cold environmental temperatures will be replaced every 15 minutes including the administration set and extension set. Warm solutions should be available in the MED unit. While the IV is running, the IV bag and line should be protected by placing in a shelter area (e.g. wrap in a blanket)
- IV solutions may be set up in advance and kept available as long as the administration line remains sterile. The paramedic preparing the IV will label it with the date and time it was assembled. IV solutions prepared in advance may only be kept for 24 hours and, if not used within that time period, must be discarded.
- The preferred order of route of administration for parenteral medications in immediate life-threatening situations is (due to effectiveness): peripheral IV, chronic indwelling catheter with external port, IO, ETT.